

Permanent Address:

Bank details of nominee:

Bank Name: Branch Name:

Name of Account holder:

Bank Account Number: IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Name:

*Relationship with Nominee: *Date of Birth of Appointee:

Mobile no.: Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent Address:

Permanent Address:

Bank details of appointee:

Bank Name: Branch Name:

Name of Account holder:

Bank Account Number: IFSC Code:

Nominee 2

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

Mobile no.: Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent Address:

Permanent Address:

Bank details of nominee:

Bank Name: Branch Name:

Name of Account holder:

Bank Account Number: IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

Name:

*Relationship with Nominee: *Date of Birth of Appointee:

Mobile no.: Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent Address:

Permanent Address:

Bank details of appointee:

Bank Name: Branch Name:

Name of Account holder:

Bank Account Number: IFSC Code:

Note (*) marked fields are mandatory

PREVIOUS INSURANCE DETAILS

Have you been previously Insured in respect of this vehicle? Yes No OD Claim in the Expiring Policy: Y N No of Claims in last 3 years: Amount:

Previous Policy No.: NCB on Expiring Policy %

Name of the Previous Insurer: Previous Policy Type:

Previous Year Policy Period: to

Address of Previous Insurer:

Has any Insurance Company ever: Declined your Proposal Reason: Required an increase in Premium: Cancelled or refused Renewal: Imposed special Conditions or Excess:

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Long Term Two Wheeler Insurance Policy- Package, UIN: IRDAN144RP0001V02201516 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

VOLUNTARY DEDUCTIBLE

GEOGRAPHICAL EXTENSION COUNTRIES

Standard minimum deductible is ₹ 100/- for Two wheeler, for each and every claim.

TWO WHEELER	DEDUCTIBLE
<input type="checkbox"/> Std. Min. Deductible Plus	₹500
<input type="checkbox"/> Std. Min. Deductible Plus	₹750
<input type="checkbox"/> Std. Min. Deductible Plus	₹1000
<input type="checkbox"/> Std. Min. Deductible Plus	₹1500
<input type="checkbox"/> Std. Min. Deductible Plus	₹2000

Bangladesh Bhutan Maldives
 Nepal Pakistan Sri Lanka

ADDITIONAL DISCOUNT

Automobile Association of India. Membership No.:

Date of Expiry:

Anti-theft device Vehicle specifically designed for the Blind / Handicapped / Mentally challenged Person Usage restricted to own premises (only if not licenced for general road use by RTO)

Limit the Third Party Property Damage Cover to the statutory limit of ₹ 6000/- (The Policy otherwise provides Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers)

OTHER COVERS

Foreign Embassy / Consulate Vehicle Used For Driving Tuition Fiberglass Tank Cover for Vehicle imported without Customs Duty Fibre tank

OPTIONAL ADD-ON COVERS

Cover for Consumables Protection of NCB Return to Invoice Depreciation Reimbursement Engine Guard Tyre and Rim Guard
 Inconvenience Allowance Basic Road-Side Assistance Helmet Protection

NCB DECLARATION BY PROPOSER

I/We hereby declare that rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the Policy expiry period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

PERSONAL ACCIDENT COVER

A. Owner Driver

1. Personal Accident Cover for Owner Driver is compulsory for Sum Insured of ₹ 15,00,000/- for two wheelers. Compulsory Personal Accident Cover to Owner Driver cannot be granted where a vehicle is owned by a Company, a partnership firm or a similar body corporate or where the owner does not hold an effective driving licence.

B. Unnamed Occupants/Passengers

The Sum Insured per person is in multiples of ₹10,000/- for a max. of ₹100,000/- per person for two wheelers. The number of persons to be covered for the purpose of this cover will be equivalent to the registered carrying capacity of the vehicle.

DOCUMENTS LIST (Please Tick ✓)

Payment Advice / Instrument Renewal Notice / Policy Copy NCB Reserving Declaration Letter RC Book
 Vehicle Inspection Report Sale Deed List of Electrical/Non-electrical Accessories Valuation Certificate
 Driving Licence Service Tax Exemptions Driving License

KYC DOCUMENTS ATTACHED

Passport Government UID Voter's Identity Card Telephone Bill
 Ration Card Driving Licence Electricity Bill

PREMIUM PAYMENT AND BANK ACCOUNT DETAIL'S:

Premium Amount: Cheque/Journal No*.: Date:

Premium payment option: Cheque EFT DD Debit Card/Credit Card

Bank Account No.: IFSC Code:

Bank Account Number*: Branch Name*:

Card details*: Master Visa Card No*.: Card Expiry Date:

SBIGI does not accept Cash for Premium Payments against the Policy.

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INSURED BANK DETAILS*

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund/claim needs to be credited directly)

Bank Name*:	<input type="text"/>	Branch:	<input type="text"/>
Name as in Bank Account*:	<input type="text"/>	Bank Account No.*:	<input type="text"/>
IFSC Code:	<input type="text"/>	MICR Code:	<input type="text"/>

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Resident Individual Non-Resident Indian (NRI) Foreign National Person of Indian Origin (PIO)

If foreign national please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation: Corporation Government Non-Governmental Organisation Society Trust
(Only applicable if policy issued on Group Basis) Partnership International Organisation Cooperative Section 8 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation.

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

Recent photograph of proposer:
(Photograph is required, if)

Signature of Proposer:

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No. _____

Date: Place:

Signature of Agent: _____

DECLARATION (If signed in Vernacular language / If you have affixed Thumb impression above)

(Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language).

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them, I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) _____ (Relationship with the Proposer) _____ adult and inhabitant of (city) _____ and residing at _____ do hereby certify that I/we have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/we have stated herein above is true and correct to the best of my/our knowledge and belief.

Date: Place:

Signature of the Witness: _____

Signature/Thumb impression of the Proposer: _____

SECTION 41 OF INSURANCE ACT, 1938:

- No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown in the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend up to ₹ 10 Lacs.

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AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

***Notes:**

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - 1. "Controlling ownership interest" means ownership of or entitlement to more than ten percent of shares or capital or profits of the company;
 - 2. "Control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals.
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.